



FORM E1

Request for Recheck/Review of Provisional Examination Results

DEFINITIONS

RECHECK A recheck consists of a check of the recording and compilation of marks.

REVIEW: A review consists of a re-consideration of the decision by the Examination Board in view of additional information provided by the candidate.

MAKING AN APPLICATION FOR A RECHECK OR REVIEW OF PROVISIONAL RESULT(S) ISSUED BY THE EXAMINATIONS OFFICE

1. **Staff/Student Meetings**

Students may meet with their lecturers to discuss their examination results after each exam session. The dates and venue for staff/student meetings are available at <http://online.ittralee.ie> under the heading Admin – Academic Affairs & Student Information and then the “Examinations” icon.

It is strongly recommended that prior to completion of Form E1 that you avail of the opportunity to meet with your Lecturer.

2. This form should be completed by reference to Section 2.7 of the Institute’s Rights and Responsibilities, which is available in the Students Handbook on Blackboard at <http://online.ittralee.ie> under the heading Admin – Academic Affairs & Support Services/Student Information/Student Handbook.
3. Students may not make inappropriate comments of a personal nature relating to a third party on this form. **Comments deemed inappropriate by EARC will result in the application for a review/recheck not being considered further and the matter may be referred to the Institute’s Disciplinary Committee (IDC) for investigation. Ref: Section 3 of the Institute Rights and Responsibilities.**
4. Reviews will only be considered where the EARC is satisfied that the nature of the personal circumstances is such that it was reasonable for the student not to have notified the relevant Examination Board.
5. A separate form must be completed in respect of each module for which a request for recheck or review is made.
6. Please use ink pen (black or blue) to complete form.
7. The completed form must be submitted to the Examinations Officer, Room U116, IT Tralee, North Campus and be accompanied by the appropriate fee. The deadline for receipt of completed Form E1 is specified at <http://online.ittralee.ie> under the heading Admin – Academic Affairs & Support Services and then the “Examinations” icon. **Late applications will not be accepted.**
8. This process will take at least 15 working days from the deadline for receipt of completed E1 Form(s) in the exams office. The student will be communicated to in writing if the process extends beyond this timeframe with the new expected timeframe.

DECLARATION OF CANDIDATE (STUDENT SIGNATURE)

I certify that all of the information provided by me in this application is true and accurate, to the best of my ability. I have read and understand Section 2.7 of the Institute’s Rights and Responsibilities. I understand that a recheck or review may cause a mark/grade or overall result to be increased/decreased or remain unchanged.

Signature: _____ **Date:** _____

Date Received (Official Stamp)

OFFICIAL USE ONLY

Receipt No

Fee Paid

€

**FORM E1 - Request for Recheck/Review of Provisional Examination Results***Please use ink pen (black or blue) to complete form***1. PLEASE SELECT THE RELEVANT CATEGORY**

✓

1.1	RECHECK of the module listed in Section 3 (Fee: €20). <i>(Please complete sections 1, 2, 3, and sign declaration overleaf)</i>	<input type="checkbox"/>
1.2	REVIEW of the module listed in Section 3 (Fee: €40). <i>(Please complete sections 1, 2, 3, 4, and sign declaration overleaf)</i>	<input type="checkbox"/>
1.2.1 If the Review in 1.2 is not granted, I request my result to be rechecked		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. PERSONAL DETAILS

Name	T-Number										T								
Programme Title																			
Year of Study (1,2,3,4,or 5)		Exam Session	Winter <input type="checkbox"/>	Summer <input type="checkbox"/>	Autumn <input type="checkbox"/>														
Correspondence in relation to this application will be sent to your mailing address as specified on our Student Database.																			
Contact Number (s)																			

3. DETAILS OF MODULE (one Module per form)

2.1	Title of Module		CRN No.	
2.2	Lecturer Name		Date of Exam/Practical/Assessment	dd/mm/yyyy
2.3	Did you avail of the Staff/Student Meeting facility in relation to this application?			Yes <input type="checkbox"/> No <input type="checkbox"/>

4. REQUEST FOR REVIEW*Please specify (by ticking the appropriate boxes) the grounds on which you are basing your request*

✓

4.1	The Examination regulations or procedures of the Institute have not been properly implemented.	<input type="checkbox"/>
Please specify the Regulation(s)/Procedure(s) that have not been complied with. <i>(Additional sheets may be used)</i>		
4.2	There is significant variation between the candidate's provisional examination result(s) compared to:	<input type="checkbox"/>
(i) his/her continuous assessment in the specified module		
(ii) his/her performance in other modules in that examination session		
<i>(Normally this would not be less than 20% of the maximum available marks for that module)</i>		

Office Use Only	CRN		CA out of 100		Final Exam out of 100		Overall Result	
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Request for Review – Form E1

Section 4.3 – Personal Circumstances

Private and Confidential

Professional Opinion Form

Information in this form must be provided by a professional authority (e.g. doctor, counsellor, nurse, chaplain, garda) who then stamps and signs the form. A professional authority is regarded for the purpose of this form, as any professional individual who has dealt professionally with the student submitting the Personal Circumstances form and is aware of the personal circumstances leading to the student's appeal to the Examinations and Assessments Review Committee, Institute of Technology, Tralee, Co Kerry.

Professional Opinion

Your help in providing information regarding the student's situation is appreciated. This information will assist the Institute in the assessment of the student's academic performance.

Student Name (Block Letters):	Student T Number:	And /or Date of Birth:
	T	dd/mm/yyyy
<i>Please indicate the category that best describes his/her circumstances</i>	<i>Please Tick ✓</i>	<i>Comments</i>
Physical Injury, Illness, Accident or Hospitalisation		
Family Illness (specify relationship)		
Bereavement (specify relationship)		
Other Personal or emotional Circumstances		
Victim of Crime		
Other (Please specify)		

Date(s) on which student was seen

Date(s) of Illness/Accident/Other

Please give in your opinion how the student was affected by the above circumstances.

Please indicate in your opinion the likely effect on the student's capacity to undertake the examination/assessment concerned.

No effect ☐ Mild ☐ Moderate ☐ Severe ☐ Unable to Make Judgement ☐

I have reviewed the students Personal Circumstances Form Yes/No

Name: _____

Profession: _____

Signature: _____

Date: _____

Stamp of Professional

Form E1, Personal Opinion Form and supporting evidence to be returned to the Examinations Office, North Campus, Institute of Technology Tralee Co Kerry for consideration by the **Examination and Assessment Review Committee (EARC)**.

It is the responsibility of the student to return this form and supporting documentation to the Examinations Office, North Campus, before the due deadline.